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SECTOR	CLASS	SUBCLASS	ART UNIT	EXAMINER
	345	429	2672	Harrison

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	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
<input type="checkbox"/> a) The term of this patent subsequent to _____ (date) has been disclaimed.	_____ (Assistant Examiner) (Date)			<b>NOTICE OF ALLOWANCE MAILED</b>  _____	
<input type="checkbox"/> b) The term of this patent shall not extend beyond the expiration date of U.S. Patent. No. _____  _____  _____	_____  _____ (Primary Examiner) (Date)			<b>ISSUE FEE</b>  Amount Due Date Paid	
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